It is interesting that increasing education on alcohol, either in school or on TV, is viewed by teenagers as less effective in reducing adolescent alcohol use than reducing availability or accessibility of alcohol and increasing penalties. Raising alcohol prices, which is widely seen in the prevention community as a very effective strategy, is seen as only moderately effective by these youth.

AOD TREATMENT EXPOSURE

Formal Treatment

Nearly 1 in 10 students (9%) had received treatment for a mental health or psychiatric problem, while 2.6% had received treatment for an alcohol problem and 3% for a drug problem.

Self-Help Groups

Attendance at self-help or 12-step support groups ranged from 4% for Alcoholics Anonymous and 2% for Narcotics Anonymous to 1% for Cocaine Anonymous. Attendance at meetings related to family members' alcohol or other drug problems included 2% for Alateen, 1% for Al-Anon, and 1% for Children of Alcoholics or COA. About 3,400 youth (3% of the students surveyed) had attended other self-help groups than those mentioned above.

Help-Seeking Attitudes Related to AOD Treatment

The question, "If you had an alcohol or drug problem and needed help, to whom would you go?" was asked of all students surveyed.

The following help sources were selected in descending order of preference:

friends - 76% a family member - 58% an adult outside of school not specified elsewhere - 42% fellow students - 39% a counselor or program outside of school, including a drug or alcohol clinic - 38% a minister, priest or rabbi - 34% a medical doctor or other medical professional - 32% a school counselor or school program - 26% another adult in school e.g. nurse or teacher - 25%.

The first persons to whom these students would turn for help with an AOD problem would be their friends, followed by a family member, and adults other than school or church officials. Least likely as help sources for youth faced with AOD problems would be school nurses or teachers and school counselors or other officials.